



# Mississippi Medicaid

## Provider Reference Guide

### For Part 206

## Mental Health Services

*This is a companion document to the  
Mississippi Administrative Code Title 23  
and must be utilized as a reference only.*

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## Community Mental Health Services Introduction

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Medicaid, as authorized by Title XIX of the Social Security Act, is a federal and state program of medical assistance to qualified individuals. Each state designates a state agency as the single state agency for the administration of Medicaid. State law has designated the Division of Medicaid (DOM), Office of the Governor, as the single state agency to administer the Medicaid program in Mississippi.

The Mississippi Department of Mental Health (DMH) was created in 1974 by an Act of the Mississippi Legislature, Regular Session, as outlined in Sections 41-4-1 et.seq. of the Mississippi Code of 1972. The DMH is responsible for developing and maintaining a comprehensive, statewide system of prevention and service options for children and adults with emotional disturbance or mental illness, alcohol/drug abuse/dependence problems, mental retardation/developmental disabilities and Alzheimer's disease and other dementia. This array of services includes prevention, treatment, and training services in inpatient or institutional settings, as well as a system of community-based treatment, residential treatment, and support services which includes transitional and aftercare programs.

The DMH is responsible for developing and supporting a comprehensive array of mental health services designed to provide individual beneficiaries and their families with the most integrated level of services appropriate to meet their needs. These services are provided, in part, through the fifteen (15) regional community mental health/mental retardation centers and other nonprofit agencies that receive funding through the DMH.

A CMH provider's participation in the Mississippi Medicaid program is entirely voluntary. However, if a provider does choose to participate in Medicaid, the provider must accept the Medicaid payment as payment in full for those services covered by Medicaid. The provider cannot charge the beneficiary the difference between the usual and customary charge and Medicaid's payment. The provider cannot accept payment from the beneficiary, bill Medicaid, and then refund Medicaid's payment to the beneficiary. Services not covered under the Medicaid program can be billed directly to the Medicaid beneficiary.

The Mississippi Medicaid program purchases needed health care services for beneficiaries as determined under the provision of the Mississippi Medical Assistance Act. DOM is responsible for formulating program policy. DOM staff is directly responsible for the administration of the program. Under the direction of DOM, the fiscal agent is responsible for processing claims, issuing payments to providers, and for notifications regarding billing. Medicaid policy as it relates to these factors is initiated by DOM.

## Services

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### General Definitions

- **Adult-** Any individual age 21 or older **or** who is determined to have needs that are more consistent with the adult population if that individual has reached the age of 18.
- **Case record-** The clinical case record, the chart, the beneficiary documentation, etc. will be referred to as the case record.
- **Child-** Any individual under the age of 21.
- **Collateral-** Face to face contacts with persons other than the beneficiary and/or his/her family that is necessary to provide effective case management to a beneficiary. These might include, but are not limited to, services such as assistance in locating appropriate housing, securing the services of a specialist for medical care, arranging for transportation, securing assistance to assure appropriate pharmaceutical services, etc.
- **Department of Mental Health (DMH) Record Guide-** Record guide prepared by the DMH which contains all required forms for the case record for individuals with serious persistent mental illness, serious emotional disturbance, substance abuse, or intellectual disabilities/developmental disabilities. Requirements for each service component are specified and use of forms is mandatory in order to document services delivered to a Medicaid beneficiary.
- **Intellectual Disabilities/Developmental Disabilities (ID/DD)** - Any individual, regardless of age, presenting with sub-average intellectual functioning, existing concurrently with related limitation in two (2) or more of the basic adaptive skill areas. Development disability means a severe, chronic disability of an individual who is 5 years of age or older that is attributable to a mental and/or physical impairment. MR/DD manifests prior to age 18.
- **Nurse Practitioner-** An individual who is certified as a family nurse practitioner or a psychiatric mental health nurse practitioner.
- **Physician-** An individual licensed under State law to practice medicine or osteopathy.
- **Psychologist-** An individual licensed under State law to practice psychology.
- **Senior-** Any individual age 50 or older with functional impairments and poor physiological reserves typically expected to be seen in individuals 65 or older.

- **Serious Emotionally Disturbed (SED)** - Any individual from birth up to age 21 who meets one of the eligible diagnostic categories and the identified disorder has resulted in functional impairment in basic living skills, instrumental living skills, or social skills.
- **Serious Persistent Mental Illness (SPMI)** - Any individual age 18 or older who meets the criteria for one of the eligible diagnostic categories and the identified disorder has resulted in functional impairment in basic living skills, instrumental living skills, or social skills.
- **Substance Abuse (SA)** - Excessive use of addictive substances such as alcohol and illicit drugs.